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								(Depositor's nar	ne)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/556,007 FITLE OF INVENTION	11/08/2005 E: RADIO COMMUNIC.	ATION SYSTEM	Matthew P.J. Bake	er			GB 030181	4551		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300		\$0		\$1810	06/07/2010		
EXAMINER		ART UNIT	CLASS-SUBCLASS	3						
BATISTA, MARCOS		2617	370-318000							
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIC KONINKLIJE SHARP CORE	less an assignee is ident h in 37 CFR 3.11. Comj GNEE KE PHILIPS I PORATION	A TO BE PRINTED ON The ified below, no assignee pletion of this form is NO ELECTRONICS Transactions are categories (will not be presented in the presented in t	data will appear on t. T a substitute for filing (B) RESIDENCE: (C N.V. EINDF	he pag an a	tent. If an assigned assignment. and STATE OR CO EN, THE N JAPAN	OUNT. IETE	RY) HERLANDS			
4a. The following fee(s)  Issue Fee  Publication Fee (N Advance Order -	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 141270 (enclose an extra copy of this form).									
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